

**STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Mailing address - documentation only
1100 West 49th Street
Austin, Texas 78756-3183
Phone: (512) 834-6627
Fax: (512) 834-6677
E-mail: speech@tdh.state.tx.us

Physical Address
Mail not delivered to this address
8407 Wall Street, S-420
Austin, Texas 78754

Mailing address - documentation
accompanied by a fee (include budget
and fund as noted above)
P.O. Box 12197
Capitol Station
Austin, Texas 78711-2197

**CLINICAL OBSERVATION AND EXPERIENCE FORM
(Applicant for Assistant License)**

TO: COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR APPROVED DESIGNEE

Name of student: _____ Social Security #: _____

Name of college/university: _____

Board Rules requires the applicant for the assistant license to have earned at least 25 hours of clinical observation and 25 hours of clinical experience within an educational institution or in one of its cooperating programs. An assistant is an individual who possesses a baccalaureate degree with an emphasis in speech-language pathology and/or audiology and who may only practice under supervision.

All hours must be earned in the same professional area for which the applicant is applying. Please indicate below the number of hours earned in speech-language pathology or audiology separately.

Clinical Observation:

Number of clock hours

Speech

Audiology

Clinical Experience:

Number of clock hours

Speech

Audiology

Name of Program Director or Designee

Signature of Program Director or Designee

Date

PLEASE COMPLETE AND RETURN THIS FORM TO:

**STATE BOARD OF EXAMINERS FOR SPEECH-
LANGUAGE PATHOLOGY AND AUDIOLOGY
1100 WEST 49TH STREET
AUSTIN, TX 78756-3183**



F76-10790

form 6-clinical observation
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